



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
COMMUNITY EDUCATION/AFTERSCHOOL PROGRAMS
School Age Community (SAC) - CCDF

BUDGET AMENDMENT

District/Organization Name		Site Name (one form for <u>each</u> site)	Check Cohort Number <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
County/District Code Number _____ - _____	County Name	Phone Number ()	
Contact Person		Title/Position	
Street Address		Fax Number (Required for confirmation approval) ()	
City	State	Zip Code	

INSTRUCTIONS

1. Complete form if: requesting to transfer approved funds from one category to another, if there's an excessive change within a particular category, or for changes within equipment and/or salaries categories. Must receive prior approval before proceeding.
2. Figures must be listed for each category. If a category is not being amended at this time, please list the original awarded amount, or the previously approved amended amount, for that category.
3. Upon approval, these amounts become the new budget. Confirmation of approval will be faxed.
4. Figures must be rounded to the nearest dollar. All figures and calculations must be correct.
5. Itemize and justify the proposed budget amendment on page two of this form.
6. Forms not completed according to directions will be returned for correction and not approved. See Budget Amendment Policy document in Kids Care for additional form completion assistance.

Budget Categories	Awarded/Approved Amount (As listed on approved budget page)	New Amount Total (Grand total of category reflecting amended amount)
Salaries	\$	\$
Benefits	\$	\$
Travel and Transportation	\$	\$
Materials and Supplies	\$	\$
Equipment	\$	\$
Professional Development	\$	\$
Purchased Services	\$	\$
Accreditation Fees	\$	\$
Other	\$	\$
In-Direct Costs	\$	\$
TOTAL (Be sure to complete page two)	\$	\$

Signature on this form indicates that the school district has agreed to the budget amendment as requested and is in compliance with all guidelines in expending the grant award and that all expenditures are related to the SAC Program.

Signature of Contact Person	Date	Authorized Signature	Date
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FOR DEPARTMENT USE ONLY - APPROVAL

PLEASE COMPLETE AND RETURN TO:

Afterschool Program/SAC
Community Education
Department of Elementary and Secondary Ed.
P.O. Box 480
Jefferson City, Missouri 65102-0480
Phone: (573) 751-0856 Fax: (573) 526-4261

If additional table space is needed, please copy this form as many times as needed.

1. List **each** approved budget item that you no longer wish to purchase/consume.

Expenditure Category (as listed on page 1)	Item(s) proposing to remove from approved budget	Cost of Item(s)
		\$
		\$
		\$
		\$

2. For **each** item above, justify why you no longer wish to purchase/consume each item.

Item (same as above)	Justification for not purchasing/consuming item(s)

3. List the **new** item(s) you are requesting approval to purchase/provide.

Budget Category	Item(s) requesting approval to purchase/provide	Number of Items (i.e., 5 computers)	Cost of Each Item	Total Cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$

4. For **each** item above, justify why they are now needed in your program.

Item (same as above)	Justification for purchasing/providing new items